	APOLLO HOSPITALS, SECUNDERABAD		COP – 12a
			Issue: C
	POLICY ON END OF LIFE CARE		Date: 06-01-2017
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### 1.0 Purpose:

The purpose of this policy is to assist physicians in providing medically and ethically appropriate care to patients at the end of life; specifically, care that aims to reduce suffering, respect the wishes and needs of patients and their families, and lessen conflict and distress.

### 2.0 Scope:


This policy applies to all physicians, nurses, social worker dealing with end-of-life issues.

### 3.0 Philosophy:

The Hospital believes that:

1. End-of-life care must strive to address the physical, psychological, social, and spiritual needs of patients, and where appropriate their families, with sensitivity to their personal, cultural and religious values, goals, beliefs and practices.
2. Ongoing communication with the patient or substitute decision-maker, and family with other care-providers is crucial to good end-of-life decision-making and care.

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3. The patient or substitute decision-maker, and family should have the opportunity to participate in informed discussions about the care options that may optimize the quality of the patient's life while he or she is living with a life-threatening illness, and when dying. These individuals should participate in choosing the best available options, based on those informed discussions and the patient's goals, values and beliefs.

#### 4.0 Quality Care at the End of Life:

Many factors influence decision-making for people who face life-threatening illnesses, including type of disease, prognosis, intensity of treatment and potential adverse effects, family issues, social factors, goals, values and beliefs, and personal priorities. Patient choices can change as the disease progresses and as the end of life approaches.

The patient goals for quality end-of-life care shall include the following:


**a) Medical care:**

- Management of pain and other distressing symptoms
- Facilitation of clear decision-making and communication

**b) Personal issues:**

- Treatment with respect and compassion
- Preservation of dignity
- Opportunity to address personal concerns

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- Achievement of a sense of preparedness, control and meaning
- Preparation for death

**c) Relationships:**


- Strengthening of relationships with loved ones
- Relief of unnecessary burdens on others
- Contribution to others and continued participation and active involvement in social interactions, to the extent possible

## **5.0 Procedure:**

Dying patients have unique needs for respectful, compassionate care. Concern for the patient's comfort and dignity guides all aspects of care during the final stages of life. To accomplish this, all staff members shall be made aware of patients' unique needs at the end of life. The patient's unique needs include

- treatment of primary and secondary symptoms;
- pain management;
- response to the patient's and family's psychological, social, emotional, religious and cultural concerns; and involvement in care decisions.
- Respect the dignity of both patient and caregivers;
- Be sensitive to and respectful of the patient's and family's wishes;
- Use the most appropriate measures that are consistent with patient choices;
- Encompass alleviation of pain and other physical symptoms;
- Assess and manage psychological, social, and spiritual/religious problems;

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- Interpersonal skills and attitudes such as good listening, conveying difficult news, and recognizing one's own feelings and anxieties about death
- Issues related to organ donation can be discussed. Counseling can be rendered by the physician and Medical social worker and the required formalities can be explained and supported.
- Allow the person to express fears and concerns about dying, such as leaving family and friends behind. Be prepared to listen.
- Avoid withholding difficult information. Most patients prefer to be included in discussions about issues that concern them.
- Ask if there is anything you can do.
- Respect the person's need for privacy.


## 6.0 Role of Medical Social Worker

Aid the health care team understand the patient's concerns and values and in helping families talk to each other.

Facilitate family members understand confusing medical terms and help in making decisions. Dying persons and their families are faced with choices about what kind of caregiver help they want or need and whether to receive care at home or in an institutional setup.

Handle the anxiety, depression, and other mental health distress that patient and family undergo.

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Coordinate with other professional caregivers such as doctors, nurses and religious leaders who also have important roles to play in helping provide compassionate care near the end of life.

Hospital can guide the family members for organ donation and support can be given to coordinate with agencies for Organ donation. If autopsy is required, hospital can support for coordinating with HCO's performing autopsy.


#### 7.0 Role of the family:

As people approach the end of their lives, they and their families commonly face tasks and decisions that include a broad array of choices ranging from simple to extremely complex.

Although they may lack knowledge, caregivers gain satisfaction and pride from providing care. The hospital staff can educate the family members in caring for the patient.

Some may want to participate in planning rituals before or after death. In some religious traditions, confession of sins or asking forgiveness from those who may have been wronged can be part of end-of-life concerns.

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## 8.0 Following Death:

### Care after death

- § Place the body on its back. If necessary, caregivers or family members may wish to put the patient's dentures or other artificial parts in place. Packing of the body shall be coordinated by the nurses
- § Provide or obtain emotional support for family members and friends to cope with their loss.
- § Help the family members contact other members outside the hospital
- § Provide access to religious leaders as and when necessary.
- § Co-ordinate transportation needs.
- § Co-ordinate and hasten the in house processes.

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